2009 Cal ndar Year



SOON ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

MAINEETHICS COMMISSION

2009 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Maine Ethics Commission by 5:00 p.m. on April 16, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

EMPLOYEE INFORMATION

Name				Title Director, Office of		
Department/Agency/Bureate/Division			Work Phon	Innovation & Assistance		
DEP / Office of Comm's			WORT HOI	387-5869		
Mailing Address, City, ZIP						
State House Sta 13	l mani in the contract of the					
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER						
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.						
None				**************************************		
Name of Employer		,	Address		Principal Type of Economic Activity of Employer	
State of Maure	<i>H</i> e	, 17	Acque	ta	State govt	
Center for Preventing Hade	8	torest and	+ Ave 04101	AND	non-profit	
Bates College	Coileo	ge Ave	e lewis	3M not	academic	
ism	Bedfo	ed Si	t Porti	and ME		
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT OR LAW PRACTICE						
A. List the name and address of your business of derived income. If associated with a partnership, activity or practice of that entity.	r law firm, if firm, profes	any, and l sional asso	ist the major a ociation, or sim	reas of econor ilar business e	nic activity or practice from which you entity, list the major areas of economic	
None	at the state of th			ekonomunik elikuwe opinim nopungunon engunggapaga	988584958444858693866986636455685865886588658865855554495855564998466466644466644466444	
Name and Address of Business Entity or Law Firm		Major Areas of Economic Activity/ Practice (self)			Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)	
Name:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Address:	,				render on the state of the stat	
мате:	etropiani	- полительного по	mark market mentel general statistische plat statistische der der statistische der School zu der General statis			
Address:						

PART 2 (continued). INCOME DERIVED FROM SELF-EMP	LOYMENT
B. List each source of income derived from self-employment or practice that represents more the whichever is greater, and specify the principal type of economic activity of the entity or person from form of disclosure is prohibited by law, rule, or an established code of professional ethics, special activity of the entity or person from whom the income was derived.	m whom you derived such income. If this
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:	
Name: Address:	
PART 3. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do not include box.	gifts or honoraria. If none, check the
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: LPL Financial Services Address: 9785 Towne Centre Or San Diego CA	investment
Name: Wessler Trusts (Various) Address: KeyBark, 4900 Tredeman Rd Brooklyn OH	tret nome
Name: Cracle Corp Address:	apital gaun
PART 4. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during areas of economic activity of each creditor. Do not list credit card liabilities, or educational loan made as campaign contributions, or business loans from regulated financial institutions. If none, cl	s, loans from a relative, loans that were
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name: Address:	enough chemistriches
Name:	
Address:	Hitchin Agent
PART 5. REPORTABLE GIFTS	
List the specific source of gifts received during the reporting period with an aggregate value of more	e than \$300. If none, check the box.
The same of the sa	e of Source of Gift
1. 3.	
2. 4.	

PART 10. OFFIC	CER OR DIRECTO	R POSITIONS		
List any for-profit or nonprofit corporation, firm, association, p held any office, trusteeship, directorship, or position of any na tion was compensated. If a family member listed, indicate yo	ature. Indicate wheth	er you or a family hel	d the position and w	ediate family hether the posi-
None				ACCUPATION AND ACCUPATION AND ACCUPATION AND ACCUPATION ASSESSMENT ACCUPATION AND ACCUPATION ASSESSMENT ACCUPATION AND ACCUPATION ASSESSMENT ACCUPATION AND ACCUPATION ACCUPATION ASSESSMENT ACCUPATION ACCUPATIO
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
	ereroroman an Arms	Select	Statistics	Select
Maunewatch Institute	Board Hember	Sef		none
	dar Art volumenta Yangayang	Select	MARKET BETTER THE STATE OF THE	Select
	reviews constructions and constructions are constructed and constructions are constructed and constructions are constructed and constructions are constructed and co	or manifest seems and consider	Provide data or state and state or stat	
	, OPP AND EAST AND CONTROL OF AN EXCHANGE AND AN AND CONTROL OF A CONT	Select		Select
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	SIGNATURE			
I affirm that the contents of this report are true, complete	e and accurate to th	e best of my know	edge.	
		as co		
Signature Signature		4-13-	Date	
Signature			Date	-
Subscribed and sworn (affirmed) to before me this	3 day of $A_{\mathcal{F}}$	ril.	20 <u>10</u> .	
Subscribed and sworn (affirmed) to before me this	n Bouti	lien		
My commission expires 4/10/// (Seal is optional) (Date)	nd-halibrania			
(Social optional)	ivenation a			
ADDITI	ONAL INFORMAT	ION		
Please provide any additional information below (and of the information you are providing. Use additional page	on additional sheets s, if necessary.	if needed). Indica	te the part or sect	ion number for
Part Number				
	ere comment es l'operat solo (notice roble es donnes la circulat à describe de describe de describe de describe	the action of the city of a provider or mineral and analystic than the action of the city of the provider or mineral and action of the city of the cit	net diese from militar them to the contract of the section is to be described in the contract of the section is	

PART 6,	REPORTABLE HONORARIA			
List the source of any honoraria accepted for appearances	s or speeches related to your official capacity	or duties. If none, check the box.		
None		2207331572056 to the Section of the		
Name of Source of Honoraria	inin ranini inang manasanan mpanasanan inanan mpanasan manasan mpanasan mpanasan inanan mpanasan inanan mpanas 	ource of Honoraria		
1.	3.	3.		
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PART 7. REPRESE	ENTATION BEFORE STATE AGENCIE	s		
List each executive branch agency before which you compensation of any amount other than your official sale none, check the box.				
None		and a consideration of the second state of the		
Name of Agency	Nami	e of Agency		
1.	3 .			
2.	4.			
PART 8. BU	SINESS WITH STATE AGENCIES			
List each executive branch agency to which you or a me \$1,000 during the reporting period. Indicate whether you				
None				
Name of Agency ·	<u> </u>	e of Agency		
1.	3.	A French Comment		
2.	4.			
PART 9. INCOME RECE	IVED BY MEMBERS OF IMMEDIATE F	FAMILY		
List the type of economic activity representing each sound dependent child(ren) during the reporting period and the or more of income, list his or her name and job title. List on not include gifts.	kind of income represented. If your spouse	or domestic partner received \$1,000		
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income		
Name: Stephen Wessole Job Title: Director, Center for Preventing Hode	1. Pen-profit director 2. Investments 3.	1. teaching 2. diviolents, etc. (pa 3.		
Dependent Child(ren) - Job Titles Only				
Job Title:				
Job Title:				
Job Title:		Strendisc.		

Part 3 (cont) Feachers Ins 4 Annuity 8500 Andrew Carnegie Blvd Charlotte NC person/amuty

